



**UNIVERSAL STANDARD APPLICATION  
FOR STATE-AIDED PUBLIC HOUSING,  
MRVP, & AHVP**

**THIS BOX IS FOR OFFICE USE ONLY**

Date of receipt: \_\_\_\_\_  
Time of receipt: \_\_\_\_\_  
Control number: \_\_\_\_\_  
Barrier Free: \_\_\_\_\_  
First Floor: \_\_\_\_\_  
Elderly/Handicapped: \_\_\_\_\_  
Race: \_\_\_\_\_  
Priority Change: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

**Incomplete applications will not be processed.** Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. **If you need additional space to provide an answer, please attach an additional sheet(s).**

1. Name of Applicant: \_\_\_\_\_
- Address of Current Residence: \_\_\_\_\_ Apt. No.: \_\_\_\_\_
- City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_
- City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_
2. **Type of Public Housing you are applying for:** (check one)
- a. Elderly      b. Non-Elderly Handicapped      c. Congregate Elderly/Handicapped  
d. Family      e. MRVP      f. AHVP

**Note:** To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural design features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for Emergency Housing you must select one of the categories below:

**Note:** To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat to life of safety that would be alleviated by placement in an appropriate unit, who has not caused or

substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applies to your situation:

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)**  
**Displaced by Public Action (i.e. Urban renewal, eminent domain)**  
**Displaced by Public Action (i.e. Condemnation of home, code violations)**  
**Displaced by No-fault loss of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is a direct threat to the life and safety of the applicant.**

If you have selected one of the above emergency categories, **you must complete an emergency application in addition to the standard application.** All emergency applications must be accompanied by third party written documentation.

4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed. Please answer the following:  
Provide the name of the City/Town in which you are employed \_\_\_\_\_  
Provide the dates of employment: From \_\_\_\_\_ to \_\_\_\_\_
5. Name of Applicant: \_\_\_\_\_ Control Number: \_\_\_\_\_  
Address of Current Residence: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_
6. **Veteran Preference:**  
a. (Only for Family Housing) You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.  
b. (Only for Elderly/Handicapped Housing) You may apply for Veteran Preference if you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. Military service. Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or National Guard.

Service Dates: From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

**A copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

7. Do you need a wheel chair accessible apartment? (check one) YES NO
8. **Number of Bedrooms Needed:** (check one) 1 2 3 4 5  
Please note that most elderly/handicapped housing developments only have one bedroom units.

9. Are you currently living in a non-permanent transitional housing which subsidized under the Massachusetts Alternative Housing Voucher Program? (check one) YES NO

**If yes, you must attach the documentation verifying AHVP participation.**

10. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (check one)

American Indian Asian Black Hispanic  
White Other (specify) \_\_\_\_\_

11. Does anyone in your household own a car? (check one) YES NO  
Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_  
Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

12. Members of household to live in Unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number*	Sex	Date of Birth	Occupation (Employed, At Home, Handicapped, or Student)
	HEAD				
* This information will be used to verify income, assets, and criminal record information.					

13. Is a change in the household composition needed? (check one) YES NO  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

14. **INCOME BEFORE DEDUCTIONS** - Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business of Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions and Annuities		\$
	Regular Social Security Benefits and/or SSI		\$
	VA Disability Income		\$
	T.A.F.D.C. OR Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$

**TOTAL GROSS INCOME: \$** \_\_\_\_\_

15. **EXPENSES**

Unreimbursed Medical Expenses	\$
Alimony or Child Support Payments	\$
Health Insurance	\$
Other (i.e. expense for care of children or sick incapacitated person if necessary for employment)	\$

**TOTAL EXPENSES: \$** \_\_\_\_\_

16. **ASSETS**

Do you own any real estate? (check one)                      YES                      NO

If yes, please provide the address: \_\_\_\_\_

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

17. Have you sold, transferred or given away any real property or assets in the last three (3) years?

YES                      NO

**If YES:**                      Date of Sale/Transfer: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

Amount of the sale/transfer: \_\_\_\_\_

Value of the sale/transfer: \_\_\_\_\_

18. **References:** List two references. These should not be relatives or household members.

(1) Name: \_\_\_\_\_ Telephone No.: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(1) Name: \_\_\_\_\_ Telephone No.: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

19. **List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if some one other than yourself. (Use additional sheet if necessary.)**

(1) Address: \_\_\_\_\_ Apt. No.: \_\_\_\_ Dates: from \_\_\_\_\_ to present

Name of Primary leaseholder: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you?(check one)

YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

(2) Address:\_\_\_\_\_ Apt. No.: \_\_\_\_ Dates: from \_\_\_\_\_ to present

Name of Primary leaseholder: \_\_\_\_\_

City/Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you?(check one)

YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

(3) Address:\_\_\_\_\_ Apt. No.: \_\_\_\_ Dates: from \_\_\_\_\_ to present

Name of Primary leaseholder: \_\_\_\_\_

City/Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you?(check one)

YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

20. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (check one) YES NO

If YES: Name of Head of Household at that time:\_\_\_\_\_

Relation to Present Applicant:\_\_\_\_\_

Name of Housing Agency:\_\_\_\_\_

Date Moved Out:\_\_\_\_\_

Reason Moved Out:\_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements? (check one) YES NO

If NO, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Are you a Board Member, employee, or a member of the immediate family of an employee of a Board Member of this Housing Authority? (If so, this will not disqualify your application.) (check one) YES NO

If YES, please explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Do you have any pets? (check one) YES NO If YES, how many?\_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

23. **Emergency Reference:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

24. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a felony or misdemeanor? (check one)                      YES                      NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

25. Do you or any member of your household who will live in the unit have any criminal matters pending? (check one)                      YES                      NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from a Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.**

I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY. I understand that a photocopy of this application and a photocopy of this signature is valid as the original.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's signature: \_\_\_\_\_ Date: \_\_\_\_\_